Circuit Court for Montgomery County

CIVIL-DOMESTIC CASE INFORMATION REPORT

Directions:				
Plaintiff: This Information Report must be completed				
Court unless your case is exempted from the requirement by the				
Rule 2-111. A copy must be included for each defendant to be				
Defendant: You must file an Information Report as re				
THIS INFORMATION REPORT CANNOT BE ACTION FILED BY: ☐ PLAINTIFF ☐ DEFENDANT	CASE NUMBER:			
CASE NAME: Plaintiff	Defendant			
PARTY'S NAME:	(Daytime phone)			
ADDRESS:				
PARTY'S ATTORNEY'S NAME:	PHONE: ()			
ATTORNEY'S ADDRESS:				
☐ I am not represented by an attorney				
RELATED CASE PENDING? ☐ Yes ☐ No If yes, Co	ourt and Case #(s), if known:			
Special Requirements? Interpreter/communication impa				
(Attach Form 1-332 if Accommodation or Interpreter Needed)	Which dialect			
☐ ADA accommodation:				
ALTERNATIVE DISPUTE RESOLUTION INFORMATION				
Is this case appropriate for referral to an ADR process under M				
A. Mediation ☐ Yes ☐ No C. Settle	ement Conference			
B. Arbitration ☐ Yes ☐ No D. Neutr	ral Evaluation ☐ Yes ☐ No			
IS THIS CASE CONTESTED? ☐ Yes ☐ No	If yes, which issues appear to be contested?			
Ground for divorce	if yes, which issues appear to be contested?			
☐ Child Custody ☐ Visitation				
☐ Child Support				
☐ Alimony ☐ Permanent ☐ Rehabilitative				
☐ Use and possession of family home and property				
☐ Marital property issues involving:				
☐ Valuation of business ☐ Pensions ☐ B	ank accounts/IRA's Real Property			
☐ Other:	* ·			
☐ Paternity				
☐ Adoption/termination of parental rights				
☐ Other:				
Request is made for: Initial order Modification Content	mpt ☐ Absolute Divorce ☐ Limited Divorce			
For non-custody/visitation issues, do you intend to request:	_			
1 1 1	☐ Mediation by a Court-sponsored settlement program			
	☐ Other:			
For custody/visitation issues, do you intend to request:				
	☐ Appointment of counsel to represent child (not just to			
☐ Evaluation by mental health professional	waive psychiatric privilege)			
☐ Other Evaluation	☐ A conference with the Court			
Is there an allegation of physical or sexual abuse of party or chi	ild? □ Yes □ No			

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CASE NAME:	[AME: V CASE NUMBER: _			
Plaintiff	Defe	ndant		
TIME ESTIMATE FOR A ME	CRITS HEARING:	hours da	ays	
TIME ESTIMATE FOR HEAD	RING OTHER THAN	A MERITS HEARING	: hours	days
	Signature of	of Counsel/PartyDate		
		Print Name		
	St	reet Address		
		ity/State/ZIP		

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